



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 12, 2006

Ken Madsen, Administrator
Fairwinds - Sandcreek
3310 Valencia Dr
Idaho Falls, ID 83404

License #: RC-661

Dear Mr. Madsen:

On July 27, 2006, a survey was conducted at Fairwinds - Sandcreek. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

MARK GRIMES
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

MG/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 9, 2006

Ken Madsen, Administrator
Fairwinds - Sandcreek
3310 Valencia Dr
Idaho Falls, ID 83404

Dear Mr. Madsen:

On July 27, 2006, a Life Safety Code survey was conducted at Fairwinds - Sandcreek. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 26, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', with a long horizontal flourish extending to the right.

MARK GRIMES
Supervisor
Fire/Life Safety & Sanitation Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2006
NAME OF PROVIDER OR SUPPLIER FAIRWINDS - SANDCREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 VALENCIA DR IDAHO FALLS, ID 83404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 27, 2006.. The surveyor conducting the survey was:</p> <p>Mark Grimes, Supervisor Facility Fire and Construction Program Team Leader Health Facility Surveyor</p> <p>Taylor Barkley Health Facility Surveyor</p> <p>Debby Ransom Bureau Chief Facility Standards</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

6V8I21

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name FAIRWINDS SAND CREEK	Physical Address 3310 VALENCIA DRIVE	Phone Number 542-6200
Administrator KEN MADSEN	City IDAHO FALLS	ZIP Code 83404
Survey Team Leader MARK GRIMES	Survey Type FIRE LIFE SAFETY	Survey Date 7/27/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	16.03.22		
1	404.01	A) Storage of flammable liquids in Boiler Room MP6 ✓	7-30-06
		B) Storage of materials that Block Access to electrical Panels MP6 ✓	7-30-06
		operational controls of Generator, AND, Fire Sprinkler riser in boiler room.	
		C) Boilers, pressure vessels and hot water heaters annual certification inspections are over due. scheduled 10-1-06	
		D) Smoke separation doors did not fully latch; NEAR: ✓ MP6 8-1-06	
		Billiard Room	
		Hallway South Rooms 101-121	
		NEAR Room N123	
		E) Exit light illumination not functional or partially functional throughout facility ✓	8-1-06
2	405.01, B	Extension cords in salon - Not allowed as permanent wiring. ✓	8-21-06
3	415.05	Fire Alarm System annual inspection - Not current last inspection Nov 2004. ✓	11-05

RECEIVED

Response Required Date

Signature of Facility Representative

Ken Madsen

AUG 28 2006